Guidelines for Safe Visitation in Long-term Care Facilities
Updated 5/27/2021

Long-term care facilities across the nation have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the people who live in these facilities combined with the inherent risks of congregate living have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within these facilities.

However, we also recognize that prolonged separation from family and other loved ones has taken a physical and emotional toll on residents. Residents may feel socially isolated, leading to increased risk for depression, anxiety, and other expressions of distress. Residents living with cognitive impairment or other disabilities may find visitor restrictions and other ongoing changes related to COVID-19 confusing or upsetting. Separation of families from their loved ones, many of whom are receiving end-of-life care, has also caused significant distress. In light of this, this guidance is issued to encourage visitation by family and friends, when it can be done safely.

Guidance for Nursing Homes
Nursing homes must follow the revised guidance issued by the Centers for Medicare and Medicaid Services (CMS) on April 27, 2021 in the Quality and Safety Oversight Memo #QSO-20-39-NH found at
https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf. CMS has also developed a Fact Sheet on Visitation in Skilled Nursing Facilities.

The guidance below is adapted for assisted living and intermediate care facilities from the CMS guidance cited above and CDC guidance for health care settings.

Guidance for Assisted Living Facilities and Intermediate Care Facilities
Visitation can be conducted through a variety of means based on a facility's structure and residents' needs. Visitation locations might include resident rooms, dedicated visitation spaces, or outdoors (dependent on weather). Regardless of how visits are conducted, there are certain actions and best practices that reduce the risk of COVID-19 transmission:

- Facilities should continue to promote and provide vaccination for all HCP.
- Post-acute care facilities should continue to encourage vaccination among all new admissions.
- Facilities should maintain a record of the vaccination status of patients/residents and HCP.

- Before allowing indoor visitation, the risks associated with visitation should be explained to patients/residents and their visitors so they can make an informed decision about participation.

- Full vaccination for visitors is always preferred, when possible.

- Visitors should be screened and restricted from visiting, regardless of their vaccination status, if they have: current SARS-CoV-2 infection; symptoms of COVID-19; or prolonged close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection in the prior 14 days or have otherwise met criteria for quarantine.

- Visitors should be counseled about recommended infection prevention and control practices that should be used during the visit (e.g., facility policies for source control or physical distancing).

- Visitors, regardless of their vaccination status, should wear a well-fitting cloth mask, facemask, or respirator (N95 or a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators) for source control, except as described in the scenarios below.

- Hand hygiene should be performed by the patient/resident and the visitors before and after contact.

- High-touch surfaces in visitation areas should be frequently cleaned and disinfected.

- Facilities should have a plan to manage visitation and visitor flow.
    - Visitors, regardless of their vaccination status, should physically distance (maintaining at least 6 feet between people) from other patients/residents, visitors that are not part of their group, and HCP in the facility, except as described in the scenarios below.

- Facilities might need to limit the total number of visitors in the facility at one time in order to maintain recommended infection control precautions. Facilities might also need to limit the number of visitors per patient/resident at one time to maintain any required physical distancing.

- Location of visitation if occurring indoors:
    - If the patient/resident is in a single-person room, visitation could occur in their room.
    - Visits for patients/residents who share a room should ideally not be conducted in the patient/resident's room.
        - If in-room visitation must occur (e.g., patient/resident is unable to leave the room), an unvaccinated roommate should not be present during the visit. If neither patient/ resident is able to leave the room, facilities should attempt to enable in-room visitation while maintaining recommended infection prevention and control practices, including physical distancing and source control.
        - If visitation is occurring in a designated area in the facility, facilities could consider scheduling visits so that multiple visits are not occurring simultaneously, to the extent possible. If simultaneous visits do occur,

everyone in the designated area should wear source control and physical distancing should be maintained between different visitation groups regardless of vaccination status.

These best practices are consistent with the Centers for Disease Control and Prevention (CDC) guidance for long-term care facilities and should be adhered to at all times. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglas dividers or curtains between residents). Visitors who are unable or unwilling to adhere to a facility's protocols for COVID-19 infection prevention should not be permitted to visit or should be asked to leave.

Additionally, visitation should consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. Also, facilities should enable visits to be conducted with an adequate degree of privacy.

Outdoor Visitation
Outdoor visits pose a lower risk of SARS-CoV-2 transmission due to increased space and airflow, and outdoor visitation is therefore preferred whenever practicable. Facilities may want to create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining physical distancing). We also recommend reasonable limits on the number of individuals visiting any one resident at the same time, such as no more than 3 or 4 visitors at the same time.

Indoor Visitation
Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, except as noted below:

- Limit indoor visitation for unvaccinated residents to compassionate care situations if the COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated.*
- Limit visitation for residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the criteria to discontinue transmission-based precautions.
- Limit visitation for residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.
- Follow guidance from state and local health authorities on when visitation should be paused during an outbreak in the facility.
  - If visitors are permitted, they should be counseled about their potential to be exposed to SARS-CoV-2 prior to entering the facility.

*Fully vaccinated refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose COVID-19 vaccine series, or ≥ 2 weeks following receipt of one dose of a single-dose COVID-19 vaccine.

Note that compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.

To access county positivity rates, use the link for positivity rates in the section of the Nursing Home Data web page titled, "COVID-19 Testing" at https://data.cms.gov/download/hsg2-yqzz/application%2Fzip

Although facilities cannot require testing of visitors, we encourage facilities in medium or high-positivity counties to test unvaccinated visitors, if feasible. If so, facilities should prioritize unvaccinated visitors that visit regularly (e.g., weekly), although any unvaccinated visitor can be tested. Facilities may also encourage unvaccinated visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test. However, even with a recent negative test result, all visitors must strictly adhere to the protocols for infection prevention and screening outlined above. Similarly, visitors can be encouraged to be vaccinated when they have the opportunity. However, vaccination should not be required as a condition of visitation.

Communal Activities Within Facilities
Residents should not participate in communal activities in the following situations:
- Vaccinated and unvaccinated **patients/residents with SARS-CoV-2 infection, or in isolation because of suspected COVID-19,** until they have met criteria to discontinue Transmission-Based Precautions.

- Vaccinated and unvaccinated **patients/residents in quarantine** until they have met criteria for release from quarantine.

Compassionate Care Visits
While end-of-life situations have been used as examples of compassionate care situations, the term "compassionate care situations" does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident, who was living with their family before recently being admitted to a facility, is struggling with the change in environment and lack of physical and emotional family support.

- A resident who is grieving after a friend or family member recently passed away.

- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.

- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

- A resident who has behavioral disturbances (particularly when associated with cognitive impairment) that have not improved with non-pharmaceutical interventions, and the presence of a family member or friend helps to ameliorate the behaviors.

- A resident with acute change in condition (such as non-COVID-related illness or fall) for which presence of a family member or friend provides reassurance.

Allowing a visit in these situations is consistent with the intent of "compassionate care situations." Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

References
Centers for Disease Control and Prevention (CDC), Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities
Considerations for Preparing for COVID-19 in Assisted Living Facilities | CDC

CDC, Responding to Coronavirus (COVID-19) in Nursing Homes
Responding to Coronavirus (COVID-19) in Nursing Homes | CDC

Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html

Center for Medicaid and Medicare Services (CMS), Nursing Home Visitation - COVID-19, CMS memo released 3/10/2021
https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf